# Row 12700

Visit Number: 7788de05f5653250a0f45f74c634e10fcac36e1f9f6a9b25b415cf19b07338be

Masked\_PatientID: 12658

Order ID: 5f5f43cdd14a6e3a083f07673c4afc84d9e1a7ee67337247410165ba2afebea8

Order Name: CT Chest, Abdomen and Pelvis

Result Item Code: CTCHEABDP

Performed Date Time: 29/6/2017 19:57

Line Num: 1

Text: HISTORY recurrent aspiration pneumonia s/p end tracheostomy POD 22. acute acalculous cholecystitis s/p perc drainagePOD 7 T37.9, CXR ? lung abscess TECHNIQUE Contrast-enhanced CT of the chest, abdomen and pelvis was performed. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS THORAX The CT study of 11 June 2017 was reviewed. Satisfactory position of tracheostomy tube. The central airways are patent, with retained secretions noted in the trachea and basoposterior left lower lobe. Worsened consolidation in both upper lobes are noted with new cavities showing air-fluid levels in the lung apices, measuring about 44 mm in the right (7-32) and 52 mm in the left lung (7-27), suspicious for lungabscesses / infected bulla. There is also worsening consolidation in the right lower lobe adjacent to the gastric pull-up. Patchy ground-glass opacities in the middle lobe may also represent inflammatory changes. Stable small pleural effusionsare seen, larger on the right. Previously-noted emphysematous and bronchiectatic changes in the upper lobes are not well visualised on current CT. Scattered paraseptal and central lobular emphysema noted in the mid zone. The 7 mm nodule in the peripheral lateral aspect of the left lower lobe (8-55) is stable from CT of 11 June 2017, but larger from April 2017 previously measuring 4mm, while not seen on PET-CT of Dec 2016. A stable calcified 1 cm nodule is seen in the right upperlobe (7-38). The heart is not enlarged and no pericardial effusion is seen. Mitral annular calcifications noted. Mildly prominent mediastinal lymph nodes are seen, likely reactive. ABDOMEN AND PELVIS The CT study of 24 May 2017 was reviewed.Post oesophagectomy and gastric pullup surgery. Pooling of positive contrast in the stomach with resultant streak artefacts is noted. No pneumoperitoneum is evident. Trace amount of low-density fluid is noted in the pelvis. Tip of feedingtube is noted in the proximal small bowel in the mid upper abdomen. Rest of the bowel are unremarkable with no focal mass or abnormal thickening. Incidentally, there is 30 x 8 x 5 mm rim enhancing collection to the left of the mid anal canal, suspicious for an abscess complicating a left intersphincteric fistula. There is questionable extension anteriorly to the right at the level of the upper anal canal (11-135). Supralevator extension is noted to the left of the lower rectum, showing gas pockets and small amount of rectal contrast (11-132). The gallbladder is distended, with drainage catheter is noted within. No wall thickening or adjacent fat stranding is seen. No biliary ductal dilatation is seen. No liver abscess orsuspicious hepatic lesion is identified. The portal and hepatic veins are patent. The spleen, pancreas, adrenals, kidneys, urinary bladder, prostate and seminal vesicles are unremarkable. No suspicious lymph node is seen in the abdomen and pelvis. No destructive bony lesion is seen. Spondylotic changes and old right-sided rib fractures are noted. CONCLUSION Since last CT of 11/6/2017 and 24/5/2017, 1. Known oesophagectomy, gastric pullup surgery and end tracheostomy. 2. No metastasis seen in the abdomen and pelvis. 3. A 7mm nodule in left lower lobe increased since CT of Apr 2017. Lung metastasis is a consideration and follow-up is suggested. 4. Worsening of consolidation in the upper lobes with abscess/infected bulla in the lung apices with air-fluid level. Consolidation in right lower lobe has also increased. 5. Drain in situ the gallbladder with no acute pericholecystic inflammatory fat stranding noted. There is no biliary dilatation. 6. Incidental left perianal abscess with supralevator extension. 7. Other minor findings as described. May need further action Reported by: <DOCTOR>

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